Hirst (B. G.)

# LARGE VAGINAL ENTEROCELE COMPLICATING PREGNANCY AND OBSTRUCTING LABOR.

BY

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OF PHILADELPHIA.



FROM

THE MEDICAL NEWS,

April 18, 1891.

[Reprinted from THE MEDICAL NEWS, April 18, 1891.]

# A LARGE VAGINAL ENTEROCELE COMPLICATING PREGNANCY AND OBSTRUCTING LABOR.

BY BARTON COOKE HIRST, M.D.,
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VAGINAL hernia, with a vaginal enterocele large enough to cause mechanical difficulties in labor, must be one of the rarest complications in the child-bearing process. Many text-books do not refer to it, and those which do have a perfunctory account as though the writer had no personal experience in the method. For example, in *Müller's Handbuch*, in many respects the most complete work on obstetrics of recent times, the whole subject of hernia as a complication of pregnancy and labor is granted but sixteen lines, and this in a work of 2381 pages. Vaginal hernia is dismissed in a very curt fashion as follows:

"The intestines may be pressed downward between the bladder and uterus through a fissure in the pelvic floor, so that they may be felt between the lateral vaginal and pelvic walls, or until they reach the corresponding labium. So also may the intestines, in the same manner, make their way downward behind the uterus, and between the anus and the genitalia may give rise to the so-called perineal hernia. These ruptures, especially during the exit of the head, may become exceedingly serious by compression of the sac-contents; the

early reduction of the hernia is therefore indicated. If this is impossible, and there is danger from pressure by the head, the termination of labor by the forceps is required."

In the Maternity of the University of Pennsylvania I have had recently under my charge the case of vaginal hernia in a pregnant and parturient woman about to be described. Stimulated by this experience, I am engaged in a search through medical literature for similar cases, with the idea, in the near future, of writing a more extensive paper on the subject. I would, therefore, be very much indebted to any fellow-practitioner who would tell me of unpublished cases in his own or others' experience:

Mrs. B., aged forty-three, has been pregnant fifteen times, and has had only three premature deliveries. Her last pregnancy was ten years ago. In this she went to term, and fell into labor without medical attendance. She had been in labor six to eight hours with hard pains, when suddenly a large tumor, "as big as a child's head," was seen protruding from the vulva. Two old women, who were with the patient, superintended the delivery two hours later, pulling the tumor forcibly to one side while the child's head was emerging from the birth-canal. After delivery the tumor disappeared, and the woman was only conscious of its presence, in the following years, a day or two before each menstrual period, when it "came down a little." She menstruated for the last time April 4, 1890. Two months later the protrusion became marked, and began to trouble her. The tumor then increased steadily, she suffered more from it daily, and finally took to her bed on October 20th. She was brought to the

University Hospital on November 3d. She was then in a wretched condition.

Her bowels had only operated once in the past three weeks; her pulse was 140; her temperature slightly elevated. She was too weak to stand without assistance, and had an extremely anxious expression, although not at all of a nervous temperament. The urine was very high colored and contained pus. A tumor projected from the vulva covered with vaginal mucous membrane, measuring on its exposed surface 2 inches antero-posteriorly, 1⅛ inches transversely. The projection, she said, had been very much larger two weeks ago, before she went to bed. At first sight it seemed as though the tumor inverted the posterior wall of the vagina, but a closer inspection showed that it sprang from the right side, but pressed the right vaginal wall so far to the left that the vaginal canal was reduced to a small passage running directly behind the symphysis pubis. The cervix was reached with great difficulty—an inch above the symphysis pubis and close to the anterior abdominal wall. The tumor occupied all the space within the pelvic cavity, pressing upon the bladder in front and the rectum behind. The forefinger in the rectum and the thumb in the vagina could grasp the mass distinctly, and were as widely separated as the antero-posterior diameter of the pelvis would allow; they could, however, be approximated until they met, except for the rectal and vaginal walls, partly by slight displacement of the tumor upward, but mainly by compression of its contents. The tumor had the characteristic feel of a hernia and evidently contained no fluid. The portion of the tumor projecting from the vulva was not resonant, but the impulse on coughing was very distinct. The signs of pregnancy were plain.

A diagnosis of vaginal hernia was made. The bowels were opened for the first time in two weeks by three compound cathartic pills and an ounce of castor oil. By rest in bed, regulation of the diet and bowels, and an irrigation of the bladder, the patient's general condition became quite satisfactory. She was still troubled, however, by constant bearing-down pains, which had commenced early in the pregnancy, and continued incessantly, causing her much suffering. On November 21st (231st day since beginning of last menstruation) the membranes ruptured while the patient was lying quietly in bed. Eight hours later the os was sufficiently dilated to admit two fingers. The woman was then anæsthetized. Passing the whole hand into the vagina and displacing the tumor laterally, I found a presentation of one knee. The corresponding foot was seized and brought to the vulva. The gradual extraction which followed occupied two and one-half hours. As the body descended and the head entered the pelvis, the tumor protruded from the vagina to an enormous extent and distended the right side of the pelvic floor and the perineum. Two assistants pulled the tumor off to the right while I extracted the head quickly, but with great force. The child was alive when b rn, but deeply asphyxiated. It was revived, but died the next day.

The subsequent course of the case as regards the woman was entirely satisfactory. The puerperium was afebrile and uncomplicated. Two weeks after delivery I examined the patient and made the following entry in my case-book:

Tumor still felt on right side, extending down to the pelvic floor, covered by little more than skin, to the right of the posterior commissure of the vulva. The tumor increases in size as one follows it up in the pelvis until, at the level of the cervix,

to the right and behind, it is as large as an orange. It can be displaced upward to a slight extent, but it is impossible to reduce it. The impulse on coughing is plainly to be seen on the right side of the pelvic floor.

The woman was advised to return to the hospital for an operation in case she suffered from the hernia.

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